



**Canadian Association for Play Therapy  
(CAPT)**

**Certified Play Therapist Supervisor (CPT-S) Application  
(Revised June 2020)**

**Certified Play Therapist Supervisor (CPT-S) Standards**

**1: Membership:**

- a) Maintain status as a member-in-good standing with CAPT for three consecutive years leading up to your application and comply with the CAPT Code of Ethics
- b) Maintain status as a certified, licensed, or registered member-in-good standing with a license to independently provide clinical mental health services in a Canadian professional association or governing body
- c) Provide proof of liability insurance through a professional insurance provider annually.
- d) Provide a recent (within six months) Police Certified Criminal Record with Vulnerable Sector check, which must be updated in the event an offence occurs on your record.

**2: Education:**

Must hold a graduate degree in a mental health field focused on the development of psychotherapy skills.

**3: Clinical Practice Hours:**

- a) Must have a minimum of 2 years clinical supervisory experience, and
- b) Must have a minimum of 200 hours of direct clinical supervisory experience.

**4: Clinical Supervision:**

Must obtain a minimum of ten (10) hours of direct supervision on the clinical supervisory process from a CPT-S

- i) This supervision may include a maximum of five (5) hours of group supervision ( 2 to 6 people in a group).
- ii) Supervisor(s) must observe at least two (2) supervision sessions specific to child psychotherapy/play therapy.
- iii) Written verification of these hours must be provided by the supervisor or supervisors.

### **5: Supervisor Training**

Must obtain a minimum of fourteen (14) hours of “supervisor training” provided by a CAPT approved training program or in a graduate course from a Canadian university. The scope of this training can relate to the general practice of providing effective/ethical clinical supervision and does not need to pertain specifically to child psychotherapy/play therapy.

### **6: References:**

- a) Must submit two (2) references from supervisors who have witnessed the applicant’s clinical practice with child psychotherapy/play therapy.
  - i) At least one (1) reference must be from a CPT-S.
  - ii) All hours of clinical practice and supervision will be verified in writing using the Supervision Tracking Form.
- b) Must submit three (3) references from individuals the applicant has supervised in a clinical capacity.
  - i) At least two (2) of these references must relate specifically to supervision in the area of child psychotherapy/play therapy.

### **7: Interview and Submission of Video Recordings:**

- a) The Certification Committee may request the applicant be required to submit unedited video recordings of her/his therapeutic work (2 therapy sessions).
- b) The Certification Committee may request that the applicant participate in an interview with the Certification Committee in support her/his certification application.

### **8: Requirements once certified**

- a) Certified Play Therapist Supervisors are required to obtain 12 hours of continuing education per year. This continuing education must be in the theory and practice of child/play therapy.
- b) Certified Play Therapist Supervisors are required to participate in six hours of Supervision specific Continuing Education training every three years in order to maintain their CPT-S status. This supervisor training does not need to be limited to Play Therapy Specific Supervisor Training.
- c) Certified Play Therapy Supervisors who choose to present Foundation Training or Continuing Education Credits will follow the guidelines provided by CAPT.

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**Application Checklist**

**Member Number:** \_\_\_\_\_

**PLAY THERAPIST SUPERVISOR (CPT-S)  
CERTIFICATION APPLICATION**

**Please ensure that your application is complete before submitting it to the Registrar for evaluation. It is your responsibility to ensure that each of the items below are complete and included in your application package. Once complete contact the CAPT office for further instructions.**

**ONLY APPLICATIONS THAT ARE COMPLETE WILL BE REVIEWED.**

**\*\*\*This application is for those who have already been Certified as a Play Therapist (CPT) with CAPT and are now applying to be certified as a Play Therapist Supervisor. If you have not been Certified as a Play Therapist (CPT) with CAPT, then please complete that Application and submit it along with this application for CPT-S.**

- 1) Proof of membership in CAPT and CPT certificate \_\_\_\_\_
- 2) Proof of a recent Police Certified Criminal Record or Vulnerable Sector check, which is updated in the event an offence occurs on your record \_\_\_\_\_
- 3) Proof of liability insurance through a professional insurance \_\_\_\_\_
- 4) Proof of a graduate degree in the helping profession
- 5) Proof of clinical supervisory experience (2 years/200 hours) \_\_\_\_\_
- 6) Record of clinical supervision (Tracking Form) \_\_\_\_\_
- 7) Proof of Supervisor Training (14 hours) \_\_\_\_\_
- 8) 2 supervisory references in sealed envelopes signed across the seal \_\_\_\_\_
- 9) 3 references from supervisees in sealed envelopes signed across the seal \_\_\_\_\_

\_\_\_\_\_ 10) Application Fee Cheque for \$300 + HST made payable to CAPT) \_\_\_\_\_

11) Completed Application \_\_\_\_\_ **Contact the CAPT Office where to mail the application.**

12) Checklist (this form) \_\_\_\_\_

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**Cover Sheet**

**PLAY THERAPIST SUPERVISOR (CPT-S)  
CERTIFICATION APPLICATION**

Within this application package you will find a description of the certification requirements, an application, reference forms and a checklist. Blank reference forms have been provided. Please forward these forms to your supervisors (2), and supervisees (3). These references should be completed and returned **to you in sealed envelopes, with signatures across the seal.** Include these references in the completed application package. Please ensure that the application package is complete before submitting to the Registrar.

I \_\_\_\_\_ (Print applicants name) give my permission to the Registrar, Certification Chair and/or the Certification Committee to contact the below references in support of my application as a Certified Play Therapist Supervisor.

Date: \_\_\_\_\_ Signature (of Candidate): \_\_\_\_\_

**Supervisor 1:** Name \_\_\_\_\_ Phone

Number & Email: \_\_\_\_\_ **Supervisor**

**2:** Name \_\_\_\_\_ Phone Number &

Email: \_\_\_\_\_ **Supervisee 1:** Name

\_\_\_\_\_ Phone Number & Email:

\_\_\_\_\_ **Supervisee 2:** Name

\_\_\_\_\_ Phone Number & Email:

\_\_\_\_\_ **Supervisee 3:** Name

\_\_\_\_\_ Phone Number & Email:  
\_\_\_\_\_

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**Authorization**

**PLAY THERAPIST SUPERVISOR  
CERTIFICATION APPLICATION**

Acceptance of membership in CAPT connotes your acceptance of the CAPT Code of Ethics and amendments to the Code and shall constitute your agreement to carry on the profession of Play Therapy in conformity with this Code of Ethics.

I agree to accept the CAPT Code of Ethics and amendments to the Code.

\_\_\_\_\_ Date:  
Signature

I agree to have my name and contact information appear in the National Register of Certified Play Therapist Supervisors and to be listed in other CAPT publications (both written and electronic media).

\_\_\_\_\_ Date: Signature

The foregoing information has been voluntarily supplied by the undersigned for applying to be Certified by CAPT as a Play Therapist Supervisor. I understand that any of the information may be reviewed by representatives of The Canadian Association for Play Therapy and that, in the process of evaluation and verification of information; such information may become known to third parties. The undersigned expressly waives any claim to confidentiality about this application.

\_\_\_\_\_ Date: Signature

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**APPLICATION  
FOR CERTIFICATION AS A  
PLAY THERAPIST SUPERVISOR (CPT-S)**

The membership category of Certified Play Therapist Supervisor is a specialized category of membership in The Canadian Association for Play Therapy (CAPT).

**No material submitted will be returned. Please make a copy of the completed application for your record prior to submission.** Please send only materials specifically requested in this application. If you find that you need more space than provided, please use the reverse side of the page.

Upon approval of this application, a certificate will be provided by The Canadian Association for Play Therapy.

The non-refundable certification application fee of \$300.00 Canadian Funds plus HST, covers the cost of processing the application, and if approved, the issuance of a certificate.

**APPLICATION FOR CERTIFICATION AS A  
PLAY THERAPIST SUPERVISOR (CPT-S)**

**Member Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone: HOME:** \_\_\_\_\_ **BUSINESS:** \_\_\_\_\_ **FAX:**

\_\_\_\_\_

Which number do you wish to be publicly available?

HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ BOTH: \_\_\_\_\_

1) Member of CAPT since: \_\_\_\_\_.

\*\*\*Only those persons with full, current membership in good standing with CAPT can apply for certification.

2) Certified as a Play Therapist since: \_\_\_\_\_

Certification Number: \_\_\_\_\_.

3) Proof of a recent Police Certified Criminal Record or Vulnerable Sector check. 4)

Proof of liability insurance through a professional insurance.

4) EDUCATION AND TRAINING:

Training in Child Psychotherapy and Play Therapy since Certification as a Play Therapist:

Institution	Topic	Hours	Dates	Location

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**You may add a further chart attached to this document if necessary.**

***For the following, please type out on separate sheets and present in orderly fashion attached with page numbers and referencing each heading and subsection:***

5) **CLINICAL PRACTICE:**

a) Please list all relevant experiences as a supervisor in Child Psychotherapy Play Therapy. Include dates, duties, and hours of direct clinical supervision you have provided. Use additional sheet if necessary



b) Please describe your leadership style, approaches/models you use in your supervision. Also note the values and beliefs which guide you supervisory practice. Use additional sheet if necessary

**6) CONSULTATION / SUPERVISION YOU HAVE RECEIVED:**

Please specify consultation or supervision you have received regarding your work as a Play Therapist Supervisor. Include Supervision, Institution, Hours and Dates. Use additional sheet if necessary

**7) PROFESSIONAL ACTIVITIES:**

a) Please provide a brief description of your teaching experience and style.

b) Please list workshops, courses, lectures, presentations conducted. Include Program Title, Organization, Hours and Dates

**8) Research and Publications:** Please list any research conducted and any books, chapters, or articles published, starting with the most recent:

**9) OTHER:**

Please concisely list any other information you feel is relevant to this application.

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**REFERENCES FROM SUPERVISOR  
Certified Play Therapist Supervisor  
Application**

Please mail this to your Supervisee **in a sealed envelope with your signature across the seal.**

Please have the completed reference returned to you **in a sealed envelope with their signature across the seal** to include in the application.

Use extra sheets if necessary. This is a confidential reference.

Name of Candidate: \_\_\_\_\_

Number of Years you have known the candidate's work: \_\_\_\_\_

Supervisory Setting: \_\_\_\_\_

Are you a CPT-S?: \_\_\_\_\_

Are you an approved supervisor with any other organization? If yes, please list: \_\_\_\_\_

Number of hours of supervision of supervision provided to the candidate by you:

Individual indirect: \_\_\_\_\_

Individual direct (direct observation, co-supervision, or review of video recorded supervision of supervision?: \_\_\_\_\_

Group (2 to 6 members): \_\_\_\_\_

On the scale below, rate the candidate's overall abilities as a Play Therapist Supervisor:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Excellent Very Good Good Fair Poor

Would you recommend the candidate as a Play Therapy Supervisor to other play therapists?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain.

Please describe the candidate's strengths as a Play Therapy Supervisor:

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Please describe the candidate's areas for growth as a Play Therapy Supervisor:

Other comments:

Your name: \_\_\_\_\_  
(please print)

List of credentials as a psychotherapist / supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Telephone: ( )

\_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your assistance!

Please mail this to your Supervisor **in a sealed envelope with your signature across the seal.**

Please have the completed reference returned to you **in a sealed envelope with their signature across the seal** to include in the application.

Use extra sheets if necessary. This is a confidential reference.

Name of Candidate: \_\_\_\_\_

Number of Years you have been supervised by the Candidate: \_\_\_\_\_

Number of hours of supervision provided to you by the Candidate: \_\_\_\_\_

On the scale below, rate the candidate's overall abilities as a Play Therapist Supervisor:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Excellent Very Good Good Fair Poor

Would you recommend the candidate as a Play Therapy Supervisor to other play therapists?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain.

Please describe the candidate's strengths as a Play Therapist Supervisor: Please

describe the candidate's areas for growth as a Play Therapist Supervisor: Other

comments:

(please print)

List of credentials as a

psychotherapist: \_\_\_\_\_ Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Telephone: ( )

\_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your assistance!



SUMMARY OF SUPERVISION HOUR ACCRUED ON THIS DOCUMENT:		
TOTAL HOURS -individual direct:_____ -individual indirect::____ group:_____	During the time period covered by this document, how many hours of supervision did the candidate provide supervisees?_____	Name of Supervisor: _____ I hereby attest that all the information provided is true to the best of my knowledge: Signature: _____ Date: _____